

Integrated Managed Care North Central: Request for Proposals (RFP) Overview and Stakeholder Input Request

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Stakeholder Request: Logistics

- For an electronic version of the SWWA RFP and comment tracker, please visit:
<http://hca.wa.gov/about-hca/healthier-washington/integrated-physical-and-behavioral-health-care>
- Please send your feedback by December 30, 2016 to: Jessica.diaz@hca.wa.gov

Objectives for Integrated Managed Care

(From RFP, Section 2.2)

- Provide the full continuum of comprehensive services...;
- Involve the enrollee's support system ... to provide care coordination across systems;
- Develop appropriate systems of care and improve access to care for enrollees with high needs, by linking the crisis response system, community resources, and clinical services;
- Maintain a network capable of ensuring access and continuity of **all** covered services, including behavioral health services
- Provide seamless transitions based on the enrollee's needs and the enrollee's rights;
- Ensure continuity of care for members during the transition from the current BHO system to the Integrated Managed Care program; and
- Partner with the ACH...to improve the health and well-being of Regional Service Area (RSA) residents.

North Central Integrated Care Contracts

RFP #1

Apple Health Managed Care Organization (MCO)

Fully Integrated Medicaid Contract

90% of enrollees receive both Medical and Behavioral Health Services (FIMC)

10% enrollees receive Behavioral Health Services Only (BHSO)

Rates = Medicaid funded per member/per month premium

Behavioral Health Wraparound Contract

Allocation = Relative portion of remaining State Only funding

RFP #2

Behavioral Health Administrative Services Organization (ASO)

Administration of the Crisis Services for all residents & Behavioral Health Services for non-Medicaid

Allocation = Relative portion of State Only funding + Block Grant funding

RFP #1 states that the MCO must agree to both contracts, plus describes the relationship required with the selected ASO.

Medicaid Integration Timeline

2016

2017

2018

North Central Mid-Adopter

Nov/Dec

- Establish ACH Advisory Committee
- Develop key program design questions
- Initial program education

Dec – Feb

- Obtain feedback on design and procurement
- Finalize program design decisions
- HCA drafts RFP(s)

Feb – May

- Release RFP(s) (approx. 60 days to respond)

**** MCO RFP Target Release Date February 15, 2017**

May

- MCO Responses Due
- Score RFP Proposals (30 days)

June

- Announce Apparently Successful MCO Bidders

July

- Knowledge Transfer Begins
- Transition readiness between providers & MCOs Begins

Sep

- HCA conducts Readiness Review

Oct - Jan

- Signed Contracts
- Client Notifications
- Continuing provider readiness and knowledge transfer
- Client enrollment processes

**Jan 2018
Integrated coverage begins**

**** Key Date: Dec 5, BHO Board made the decision to have HCA release a procurement for the BH-ASO**

Key Acronyms

RSA – Regional Service Areas

MCO – Managed Care Organization

BHO – Behavioral Health Organization

AH – Apple Health (medical managed care)

ACH – Accountable Community of Health

BH-ASO – Behavioral Health Administrative Services Organization

FIMC – Fully-Integrated Managed Care

HCA – Health Care Authority

NC – North Central

Mid-Adopter Regions: Regions pursuing fully-integrated managed care before 2020

Procurement Assumptions/Housekeeping

- **Design:**

- 2-3 health plans will be selected for North Central
- MCO procurement open only to MCOs that already have Apple Health contracts in Washington
- 2 procurements will be needed
 - MCO Procurement
 - ASO Procurement
- HCA requires signed contracts for network scoring, with a section to address any gaps in the network
- Procurement is focused on addition of BH services – Apple Health MCO's are already meeting standards for medical services

- **Stakeholder Request:**

- HCA requests comment on the RFP questions, and recommendations for new questions, by December 30, 2016. A tool will be made available at the end of the Webinar.
- Legally we can only share the SWWA RFP, which is the basis for all future integration RFPs – please keep in mind when commenting.
- Another similar tool will be made available shortly to gather feedback for the ASO RFP questions.

Request for Proposals: Key content areas

The Bidders must respond to 40+ questions related to various sections and topics, and each question is scored. Separate from the questions, the Bidders also must submit their network of providers. In the SWWA RFP the scored network was worth approximately 25% of the overall points, and the responses to questions was worth approximately 75% of the points.

Additionally, not every question/section is weighted equally, additional weight is given to the questions that are deemed high priority.

Sections include:

- MCO Management
- Behavioral Health Access
- Network Description
- Community Linkages
- Quality Assessment and Performance Improvement
- Information Systems/Claims
- Utilization Management Program and Authorization of Services
- Care Coordination

Management Section

- The management section has 8 questions and is focused on the Bidder's internal management and organizational structure to ensure all functions and contractual obligations can be effectively fulfilled.
- Request focus on the following topics:
 - Essential BH Functions/Delegation (Q's 2/4)
 - Addition of BH to customer service (Q 6)

Behavioral Health Access

- The Access section includes 5 questions that ask Bidders to demonstrate how they will ensure access to behavioral health services.
- Critical topics of focus:
 - Is the vignette appropriate for your region? (Q 9)
 - Q 10-11: Do these questions provide enough emphasis on inpatient options? Are there other services that can be challenging to access that should be highlighted? Should we ask a specific questions about mental health E&T?
 - Q 12: This question is focused on SUD treatment. Is anything missing here?
 - Q 13: Is this question regarding community engagement sufficient? Are there are other linkages that should be called out?

Network Description

- Three questions ask the Bidder about their approach for contracting with BH providers; implementing value-based purchasing; and complying with the CLAS standards. (Additional network submission scored separately.)
- Critical topics of focus:
 - Are there other ways to collect data about the network that we should consider?
 - Essential BH network – any missing?
 - Q 16: HCA anticipates modifying questions to make stronger connections to the 1115 Demonstration and VBP. Does this make sense to stakeholders?

Community Linkages

- This section has 2 questions, focused on linkages between the Bidder and the BH-ASO and the Bidder and the Accountable Community of Health.
- Critical topics of focus:
 - Q 17: This question relates to ensuring ties between the MCOs and the ASO (crisis org).
 - Q 18: This question relates to working with community groups/stakeholders and ensuring needs are being met timely. Are there other considerations that should be included here?

Quality Assessment and Performance Improvement

- This section includes questions about the Bidder's plans for quality improvement programs, Performance Improvement Projects (PIPs) and reducing re-admission rates.
- Recommend stakeholders review all 3 questions:
 - How will the quality improvement program will include BH components? (Q 19)
 - How will the Bidder will implement clinical performance improvement projects (PIPs) related to BH? (Q 20)
 - How will the Bidder monitor readmission rates for individuals with complex physical and BH conditions? (Q 21)

Information Systems/Claims

- This section includes 8 questions related to Bidder's plans for implementation of information/IT systems to implement a new benefit package of behavioral health benefits, claims payment, encounter submission, and plans for conducting coordination of benefits.
- Critical topics of focus:
 - Payment related, including:
 - Coordination of Benefits and Third Party Liability (Q 24)
 - Crisis services (Q 28)
 - Behavioral health data exchange (Q 29)

Utilization Management Program and Authorization of Services

- This section includes questions related to the Bidders' utilization management policies and protocols and their policies for authorizing behavioral health services.
- Critical topics of focus:
 - Interested parties may want to review entire section
 - Level of Care Guidelines for BH authorization decisions (Q 31)
 - Methodology for identifying over/under utilization for BH services (Q 32)

Care Coordination

- This section includes 11 questions related to how the Bidder will coordinate care across the full continuum of physical and behavioral health services.
- Critical topics of focus:
 - Most highly weighted section – suggest review whole section.
 - Are the vignettes for Q 45 appropriate for your region?
 - HCA anticipates modifying questions to make stronger connections to the 1115 Demonstration Projects and the work of the Bree Collaborative. Does this make sense to stakeholders?

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- Please send your feedback by December 30, 2016 to: Jessica.diaz@hca.wa.gov
- During your review, please also consider:
 - How much weight/points a question should be assigned
 - What needs to be strengthened?
 - Is any section overly prescriptive?
 - Has anything been left out?
 - Are there any questions that don't make sense?

Questions?

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